Advance Africa's Angola Program: Interventions, Results, and Lessons Learned in a Post-Conflict Setting, 2004 - 2005

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Expanding family planning and reproductive health services in Africa

Angola Program

Interventions, Results and Lessons Learned in a Post-Conflict Setting

2004-2005

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ANGOLA COUNTRY PROGRAM

FINAL REPORT

Interventions, Results and Lessons Learned in a Post-Conflict Setting

September 2005

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It is not enough to say thank you to everyone who contributed to this project. Without you and your efforts our work would not have been possible. Repositioning Reproductive Health and Family Planning services in Huambo was a very lofty goal and the path to its realization has been paved with very intense and challenging work. We would like to thank all of the project's contributors for their support as we would have not been able to reach our goals without all of your contributions.

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the social mobilizes, the theatre group, the supervisors and coordinator with their clear vision. They are a wonderful and dynamic team.

LIST OF ABBREVIATIONS

BCC	Behavior Change and Communication
BS	Birth Spacing
CBA	Angolan Baptist Convention
DNSP	National Direction of Public Health
DPS	Provincial Health Direction
FP	Family Planning
GBV	Gender Based Violence
HC	Health Center
HCH	Huambo Central Hospital
IEC	Information, Education & Communication
IOI	International Organization for Immigrants
IUD	Intra-uterine Device
LAM	Lactation Amenorrhea Method
LIS	Logistic Information System
LQAS	Lot Quality assurance sampling
MINFA	Family and Women Promotion Ministry
MINSA	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-government Organization
PNC	Prenatal Control
RH	Reproductive Health
SDM	Standard Day Method
SMI	Maternal-Child Health
SRH	Sexual/Reproductive Health
STI	Sexually Transmitted Illness
TBA	Traditional Birth Assistants
TT	Tetanic Toxoid
UN	United Nations
UNITA	National Union for Total Angolan Independence
USAID	United States Agency for the International Development
VHC	Village Health Committees
VTC	Voluntary (HIV) Testing and Counseling
WHO	World Health Organization

I. EXECUTIVE SUMMARY

Angola has been in a state of civil war for the last 40 years, during which time the health system's infrastructure was destroyed. Huambo Province was the center the majority of the fighting during the war, as it was home to the UNITA separatist party leader Jonas Savimbi. In 2002, a peace agreement was signed between the government and the UNITA party. In this post conflict setting, where internal infrastructures have been destroyed and poverty levels have skyrocketed, the maternal morality and infant mortality rates are some of highest in the world. To combat these issues Advance Africa focused on revitalizing the health system in the Huambo province.

Advance Africa at the request of the of the Ministry of Health and USAID/Angola mission, was asked to assist MINSA in the development of a comprehensive Family Planning (FP) strategic approach to support the family planning component that exists in the document entitled "The National Reproductive Health Plan (2002-2007)". With the collaboration and full involvement of the Ministry of Health (MINSA) and the National Direction of Public Health (DNSP), a plan was prepared in order to improve Reproductive Health/ Family Planning (RH/FP) services. The objectives and activities of such a plan were designed to improve the health of women and men of reproductive age through quality prenatal services, birth attendance, family planning, treatment and education about sexually transmitted diseases (STI) and HIV/AIDS.

Activities began in 8 out of the 11 municipalities in Huambo Province, through rehabilitation and renovation of 17 of the 32 Health Centers in the province. They also included training for municipal health directors, health center directors and health technicians. Training consisted of FP, behavior change and communication (BCC), leadership, improvement in service delivery, and supervision and monitoring. At the community level, training was also provided to Traditional Birth Attendants (TBA) and Village Health Committees (VHC), as well as for journalists. Large groups of people were targeted for training and sensitization in order to create a strong core group, for transmitting clear messages on the benefits of birth spacing and to clarify any misperceptions about FP. Prior to the intervention, in general, the Angolan people were still convinced that FP was synonymous with not having children.

Advance Africa staff worked with the community to give them a feeling of empowerment over their own lives which was especially critical in the post conflict setting. For example the community was involved in the rehabilitation of the health centers. Their participation in the process developed a sense of ownership over the Health Centers (HC) and the services they would provide.

At same time, health technicians and mobilizers presented lectures every day in the services areas of HCs. A theater group, which was created as another community outreach tool, was also part of the Advance Africa team. The theater group presented skits spreading the project's key messages in diverse places such as churches, markets, universities, military and police units, schools, refugees camps for internally displaced populations (IDPs), government and private institutions, and at many events and holiday celebrations. Advance Africa also produced radio messages carried out in Portuguese as well as in Umbundo (the local language). Another radio program "O medico em sua casa" (*The doctor in your house*) which has been an ongoing program in Huambo for the last eight years was presented and directed by an Advance Africa employee and also helped to spread the main ideas of the project.

During the projects short stay in Angola there was an outstanding increase in the number of users of FP methods, from 13,730 (FY2003) at the beginning, 54,382 (FY2004) to 90,742 (2005) at the end; with a stable increase in the number of returning cases.

One of the most important program achievements was the exceptional rates of male involvement in the decision making and acceptance of practicing FP. By the end of the project, it had become common to observe men accompanying their wives to the FP consultation. Knowledge about FP methods and birth spacing dramatically increased among males in Huambo. Military and police units as well as other male dominated groups received weekly lectures on RH/FP services, the benefits of birth spacing and free condoms.

Many debates took place about gender based violence which has been a problem in Angola, as well as alcoholism. Both practices are closely related to the number of rapes and unplanned pregnancies in Huambo.

Finally, Advance Africa developed client feedback interviews, to determine users' opinions and initiated home to home visits covering a radius of 1.5 miles from the

health centers. This motivated health technicians to go outside of the centers to practice community mobilization and made the clients and community feel as though they were the most important part of the project.

II. INTRODUCTION

Angola has approximately 17.5 million inhabitants and it has been just three years since the government signed a peace agreement with separatist factions. Elections are schedules to take place in 2006, leaving the whole country slightly apprehensive. However, the people have faith that the elections will be carried out, and that the peace will continue. At same time, massive movements of refugees are also affecting the country. Internally displaced populations are returning and coming from different countries, especially from Zambia, DR Congo, Botswana and Zimbabwe. In addition, there is a frequent lack of essential medicines and vaccines at the national level, and mortality rates, due in particular to malaria, are constantly increasing.

Angola has one of the highest maternal mortality rates in the world, 1,850/100,000. The infant mortality rate is 150 deaths per 1,000 live births. Intent on improving these mortality rates, a national strategy plan for reproductive health was adopted in 2002. The Ministry of Health of Angola (MINSA) prepared this plan in collaboration with other partners. The objectives and activities of such a plan were to improve the health of women and men of reproductive age through improving the of quality of prenatal services, birth attendance, family planning, treatment and education about sexually transmitted diseases (STI) and HIV/AIDS.

Advance Africa, at the request of the MINSA and USAID/Angola, assisted MINSA in the development of a comprehensive Family Planning (FP) strategic approach to enrich the family planning component that exists in the document entitled “The National Reproductive Health Plan (2002-2007)”.

To achieve this goal, a qualitative assessment was conducted in June – July 2003 by MINSA/Advance Africa. The objective of this assessment was to analyze existing health data and conditions. Advance Africa used its Strategic Mapping tool to focus its efforts in three provinces: Luanda, Benguela and Huambo.

Based on this assessment, the following key factors account for the low utilization of the existing FP services:

▪ *Poverty as is associated with poor health and disease*

▪ *The existing health care delivery system is weak and inefficient, and the quality of family planning services, where they exist, is poor*

▪ *Cultural, religious, and social factors also contribute significantly as a negative environment for family planning.*

▪ *While women have the major responsibility for family care, because of the gender inequity in Angola, decisions regarding the number and spacing of children depend on men.*

▪ *Churches reinforce these circumstances by preaching against modern contraceptives in a society where many children are the norm and the ideal.*

▪ *Youth are especially marginalized because they lack access to information and services.*

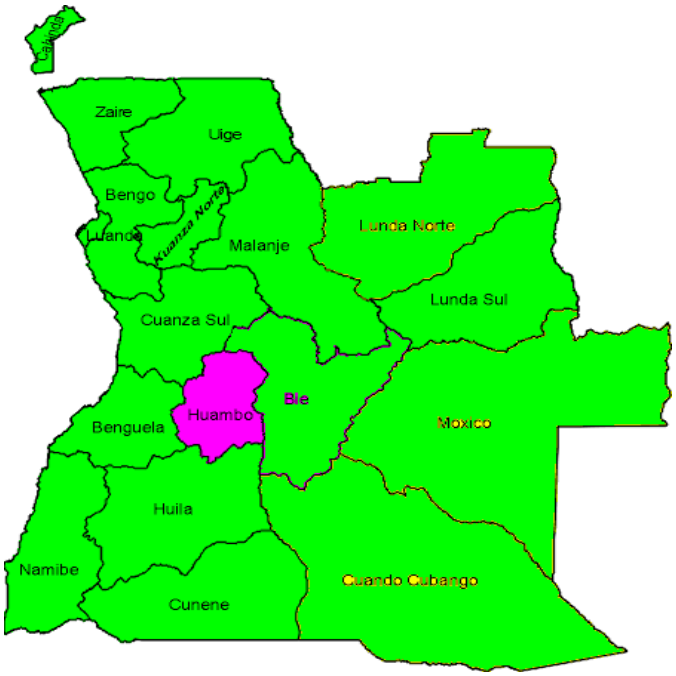

Figure1. Political division of Angola

On the other hand, the assessment team found key areas for promoting family planning in the context of Angolan realities. First, the awareness and acceptance of *Birth Spacing* and *Exclusive Breast Feeding* as positive health strategies among men and women constitutes a key foundation for building support for family planning. Secondly, the possibility of integration of quality family planning services at primary and secondary health centers could improve access for women.

The project was implemented in Huambo, one of the 18 provinces in Angola. Huambo was chosen as a demonstration site because it is the second most populated province in Angola and because it was the province most affected by the civil war. Even though the political situation has been slowly changing since the government and the separatist parties signed a peace accord in April 2002, Huambo still faces many constraints in this period of transition between war, post-conflict and development. Some of the challenges Huambo and the country are facing are: large population masses returning (IDPs), roads in very poor conditions (sometimes it takes 2 hours to travel 12 miles, sometimes there are no roads and it takes 7 hours to reach a health center walking), damaged bridges and land mine fields. Other challenges are: the lack of a continuous energy supply, no aqueducts, no sewers or sewage systems, and an infrastructure that has been crippled by the war. Government buildings, health centers, and schools are sparsely located and many times without walls, or have walls that have been riddled with bullet holes. A common sight is to see children hauling their own chairs long distances so that they can attend school. All of these factors combine to demonstrate Huambo's level of poverty, and a desolation that is hard to describe.

The health system infrastructure of Huambo Province was completely destroyed during war. The province has a total of 7 hospitals (only one hospital, Huambo Central Hospital, offers any surgery services), 32 health centers and 34 health posts.

The majority of the health centers offer few to no medicines, as has happened for the past 2 years when MINSA had a large stock rupture of essential medicines. During a stock rupture people must buy their medicines in the central market at very high prices and the drugs are of dubious quality. Quality control in the markets is not guaranteed and the conditions in which the drugs are stored, high heat and outside of boxes, make the purchase dangerous. Prior to Advance Africa's intervention RH/FP services existed in a limited form and with a little qualified staff, other infectious diseases had taken a priority. These elements lead to inadequate quality of health system service delivery.

III. ACTIVITIES

All Advance Africa activities were planned and developed in partnership with DPS including rehabilitation, training and sensitization. The behavior change and communication (BCC) strategy was a key component in all of the activities.

The main aspects of the project were:

- **REHABILITATION**
- **LOGISTICS**
- **TRAINING**
- **SOCIAL MOBILIZATION**
- **SUPERVISION AND MONITORING**
- **COMMUNITY AND MALE INVOLVEMENT**
- **ADVOCACY AND PARTNERSHIPS**

A. BACKGROUND

The National FP Program strives to enhance the ability of Angolan women and men to make informed choices to achieve their reproductive goals through affordable, accessible, quality and sustainable RH/FP services. By achieving such a goal, the RH/FP program hopes to considerably reduce the number of unplanned pregnancies, abortion and suicide cases (common among adolescent women who find themselves pregnant), thus contributing to a decrease in the maternal mortality rate. Advance Africa's work in Angola was to support the MINSA program and targeted RH/FP services as a type of preventative medicine.

In 2003, Advance Africa conducted a survey of 37 Health Centers in Huambo province (hospitals, health posts and centers) in order to determine the state oft RH/FP service delivery in the province. The purpose of this survey was to establish a baseline for the project with respect to any improvement in RH/FP services, as well as to measure other important indicators for Advance Africa's works as a whole in maternal-child health, such as: infrastructure conditions, medical supplies, degree of knowledge of technical personnel working in the HCs, and base factors of a weak response in the delivery of qualified medical services. The survey was completed in all 11 municipalities of Huambo Province: Huambo, Kahala, Longonjo, Ukuma, Ekunha, Katchiungo, Tchicala-Tcholoanga and Bailundo, where all 37 Health Centers were visited.

Based on this data, 13 HCs were selected at the beginning, later four additional HCs requested Advance Africa's support, leading to Advance Africa interventions in 17 health centers.

Figure 2. Areas where the project has been developed in Huambo Province

B. INTERVENTIONS

1. REHABILITATION

One of the priorities of Advance Africa was to get all the targeted HCs to become the best functioning HCs in the province. In order to achieve this we started with a complete rehabilitation of the HCs so the users could feel comfortable during consultations in good facilities that had all the necessary equipment.

This rehabilitation included the building of new walls, and providing electricity, water, bathrooms, doors, locks, windows, window bars, ceilings, stucco and painting. In some HCs the facilities were enlarged, because the prior size made it almost impossible for adequate service delivery. Rehabilitation in certain HCs was not as fast as in the others due to UN peacekeepers not allowing access to certain zones, or on certain roads, due to land mine activity and militants.

In order to develop the rehabilitation according to MINSA standards, Advance Africa always had the cooperation of the Provincial Health Direction (DPS), the Provincial RH Director and the Chief of Urban Planning for the province. They would conduct an initial visit accompanied by the Advance Africa logistics specialist to discuss the planned changes made to the HCs and then approve them or suggest other alternatives.

One of the main aspects of the rehabilitation was to sensitize the community so they would cooperate in the work, sending skilled people to assist with the construction and carpentry. Often times the community members would volunteer their time or would work for a very low salary in order to facilitate the rehabilitation of health centers.

A refurbished health center was intended make people feel happier and more comfortable when seeking RH/FP services. In order to provide a more inviting and encouraging environment Advance Africa provided the necessary furniture and materials for the FP rooms in all health centers, in this way assisting technicians to deliver more appealing services.

2. LOGISTICS

The logistic system was also organized to control the material and to avoid stock breaks. A monthly supervision visit was carried out by logistics personnel from Advance Africa together with a supervisor from the Ministry, in order to check materials' condition. Combined with the material supervision, a stock check was made of FP methods delivered in order to avoid inexplicable losses or a stock break. When necessary, replacement materials were supplied such as needles, gloves, gauze, FP methods, etc.[1]

[1] *ANNEX 1 SHOWS A LIST OF MATERIALS SUPPLIED BY ADVANCE AFRICA TO ALL HCs*

3. TRAINING

Advance Africa's initial strategic mapping survey found the lack of training and the low knowledge about RH/FP by the personnel working in the HCs was one of the weakest points in RH/FP service delivery. Therefore, this was a primary focus for Advance Africa activities. Training seminars focused on RH/FP providers as well as the HC technicians. In three seminars the DNSP participated in the development of the courses.

The 11 Municipal Health Directors, coming from the 11 Huambo's municipalities, and 25 Health Center Directors (though Advance Africa worked just in 17 of them) were trained on FP and leadership. Similarly, 4 technicians from each HC were trained to teach how to integrate health services (not only FP services), with topics such as FP, LIS, BCC, quality service improvement, best practices, leadership, FP orientation, HIV/AIDS, VCT and GBV (total 104 health workers). Finally, several review meetings were completed in order to refresh newly acquired knowledge and to discuss provider difficulties and concerns.

Special attention was paid to ex-UNITA technicians who have been recently integrated into the health care system and often lacked previous background in health care. Government identified ex-UNITA workers lacking experience in health care were from Ekunha (15), Bailundo (25), Katchiungo (15) and Tchicala Tcholoanga (15).[2] Certain l ex-UNITAs were also re-trained with HC personnel but had a previous background in health care. Other ex-UNITAs have also been integrated into the HCs in Huambo but have not been integrated under the government plan for employment of ex-UNITAs. These ex-members most often do not wish to be identified as ex-UNITAs, and subsequently Advance Africa did not count them as such. However, they have played a prevalent role in Advance Africa's work. For example, in one health center five out of seven employees are ex-UNITA members who no longer wish to be identified as such.

After initial HC personnel training was completed, training for TBAs began in all municipalities to review and strengthen their knowledge about FP, PNC, immunization,

[2] A total of 80 ex-UNITA members have been integrated in the public health system in Huambo. Advance Africa has provided training for all of these new providers. 70 have been identified with specific HCs but the remaining 10 have not been.

basic sanitation and nutrition. Advance Africa visited all municipalities and a total of 670 TBAs were trained and sensitized to improve RH/FP services. TBAs were also given leadership training to assist with guiding their communities in repositioning FP. Advance Africa transmitted birth spacing messages to TBAs. Training also focused on transmitting the message that FP is not only related with the idea of having or not children but also with the idea of reaching a higher quality of life for families.

During the training process 19 trainings for Village Health Committees (VHC) were carried out. A total of 240 community leaders were trained on RH/FP knowledge, basic sanitation, public health and immunization, and education. VHCs allowed Advance Africa to have a better monitor of the population in different communities extending a tie to community leaders which facilitated the social mobilization process.

15 health technicians were trained to support the supervision every other week at each HC. These supervisions included home to home visits and client feedback interviews to evaluate the evolution of the RH/FP services and to detect possible gaps and weakness in services. These gaps would then be discussed in monthly meetings with technicians.

As a part of the implementation for the project in Huambo and in coordination with the provincial Program of Sexual and Reproductive Health, a workshop to sensitize journalists was held. The journalist workshop was developed to target the massive communication means in southern regions of the country with the participation of 15 journalists coming from different provinces. During this training the participants learned different aspects related with reproductive health, especially about RH/FP services and HIV/AIDS.

Finally, aspiring to promote the micro-industries in the community, Advance Africa in partnership with the Baptist Convention of Angola (CBA), carried out trainings with the VHCs about planting and the commercial use of soy beans (milk production, cake, pies, etc). While these trainings were not directly linked to RH/FP, Advance Africa staff found the poverty and problems facing communities demanded that other topics be addressed in order to encourage communities to redirect their focus in the post war context.[3]

[3] *ANNEX 2 SHOWS A SUMMARY OF THE FORMATION COURSES AND TRAININGS CARRIED OUT DURING ADVANCE AFRICA'S INTERVENTION*

4. SOCIAL MOBILIZATION

Social mobilization and community involvement were essential to the Huambo program. Advance Africa specified social mobilization efforts via the following:

A. Social moblizers/Activists
B. Radio programs
C. Theater
D. Lectures to target groups (churches, military, schools etc.)

A. Social Mobilizers/Activists

Social mobilzers trained by Advance Africa spoke and gave presentations everyday in the consultation rooms of pediatrics, prenatal control rooms, nutrition service and external consultation in order to motivate all potential users to come to FP rooms to learn more about the subject. The usual methodology for the mobilizers was a lecture divided into two parts: (1) a PowerPoint presentation and (2) a dramatization done by the Advance Africa theatre group.

The main messages transmitted were the following:

- *Safe, responsible and informed sex- Before being a father (mother) a man (woman) has to mature (Abstinence, Be faithful and Condom use)*
- *Exclusive breast feeding for six months*
- *Birth spacing- At least two years between pregnancies*
- *Safe birth- A minimum of 3 prenatal consultations, application of TT vaccine, prophylaxis against malaria and attend FP consultation after birth*
- *Male Involvement*

B. Radio programs

Another way of spreading these messages was through radio broadcasting. A program was transmitted twice a week during the day time in Portuguese as well as in Umbundo to promote these five key messages. Advance Africa was the only NGO which did this continuously. Another radio program was given at night, which was Dr Vicente's own radio program that had a larger audience. During his program people could call in to ask the doctor questions. Dr. Vicente has been doing this program on his own for the

last eight years but during the project focused his program on the five key messages of the project as well as on other project initiatives.

C. Theater

The theater was another means of transmitting these messages. Using local counterparts, transforming actors into opinion leaders, the actors work voluntarily around the Health Centers in health promotion.

D. Lectures to target groups

Many lectures were carried out in the Provincial and Municipal Delegations of Health, Education, Economy, Culture, Sports, Family and Justice. RH/FP lectures also focused on prime target groups of men such as the Police, Army and Fire Departments of all the municipalities. In addition the initial assessment showed that religious leaders were some of the primary detractors of FP in Angola. In order to address this, Advance Africa team members specifically targeted different churches such as Catholic, Adventist, Protestant, and Baptist churches in an attempt to sensitize religious leaders. Advance Africa activists worked with church leaders to bring the birth spacing message to their congregations. Regularly on Sundays the team would present skits and or give lectures on the health benefits of birth spacing. Advance Africa also carried out lectures in markets, schools, universities, several NGOs, with teachers, with sobas, traffic policemen, political parties, women organizations, etc.

Several lectures about the importance of birth spacing, exclusive breast feeding and safe sex were developed in the refugee camps in order to inform IDPs coming from Zambia and Namibia. Lectures have been held in these camps on RH/FP as well as other health issues from July 2004 through August 2005. When new camps were discovered Advance Africa staff would give new lectures and inform them about the location of the nearest health centers and the services the HC could provide.

Home to home visits have been carried out in the eight municipalities of the province about RH/FP. 8,585 (100%) houses were visited, in a radius of 2 Km (about 1.25 ml) around all target HCs. These survey visits have been reinforced by home to home visits of the supervisors of the program as well as the social mobilizers. It is important to clarify that these 8,585 houses are Advance Africa's target population; nonetheless, Advance Africa visited more homes on home follow up visits totaling 19,301 homes.

In relation to the lectures to spread messages related to Birth Spacing, see the following table:

	Nº OF LECTURES	Nº OF PARTICIPANTS	DELIVERED MATERIAL
TOTAL	1,221	160,972	1,400.000 Condoms

Diverse community mobilization activities about FP were also developed such as: male and female soccer games, a room soccer championship, basket ball championship, activities for the Africa Day, and activities for Children's Day as a design of a contest among schools of 1st level, with the theme "My Parents". Curiously, this kind of activities was completely unknown in certain groups, and it proved to be the most suitable way to promote living together and to develop more stable human relationships. Moreover, many potential FP users were discovered and other individuals with leadership capacities, who acted as FP champions. These champions spread the message of FP, Birth Spacing, STI/HIV/AIDS prevention and adequate PNC.

During the social mobilization activities remarkable individuals were discovered. Some of the most remarkable people were the youth. Youth from certain zones decided, by themselves, to learn more about Sexual-Reproductive Health and FP. They would meet weekly and participate intensively in discussions eager to learn more and sometimes expressing their doubts about certain topics. For example, one of the participants was interested in learning more about calendar method and was oriented by the team. Young people have asked for the continuation of these meetings since they have never had an opportunity to talk with their parents about these topics. Other topics discussed include: sexuality during adolescence, importance of Family Planning for the future as well as for the present, gender violence, safe sex, STI/HIV/AIDS and Behavior Change. Young people continued interchanging with the Advance Africa field team and as time passed the expectations of the youth increased.

Other activities of this kind were realized such as:

- Movie and video shows in schools, parks and streets.
- Campaigns against garbage, where the importance of a clean environment and clean streets was discussed, as well as the use of a bag for waste in the car,

the necessity of burning or burying the garbage and of constructing latrines, explain about Birth Spacing and Exclusive Breast Feeding too.

- RH/FP lectures for the students in the University's Economics Faculty as FP and health pertain to development. After the first lectures, one of the professors became so interested in the topic he asked his students to conduct several surveys related to FP
- Participation in the community family council. Lectures and theater skits about the importance of Birth Spacing and the different methods of FP available in the province encouraged the Family and Women Promotion Ministry (MINFA) to discuss about this subject in all MINFA meetings.
- Participation in nurse's day. Theater skits about Birth Spacing, Safe Sex, helped to motivate nurses to improve of the quality of their service delivery and to pay attention to the quality of the medicines people use (in Huambo drug quality assurance is a huge issue due to the stock break in essential medicines).

Several seminars were developed on gender based violence (GBV). In Angola, as in many African countries, women must have authorization from their partners if they want to use any contraceptive method. It is common that women use contraceptives secretly because they do not have agreement/authorization from their husbands. Commonly, if the husband or partner of a woman discovers that she has been using contraceptives they react negatively. The most common negative reaction is for a man to beat his wife or abandon her. For this reason Advance Africa decided that also it had to also address GBV while promoting family planning. By ignoring the problem of GBV the project would not have taken into consideration one of the primary constraints on women who wanted to use FP methods. Both the mobilizers and drama groups addressed the issue of GBV in their skits and lectures to the community. Negative ramifications of GBV were also highlighted when addressing primarily male audiences.

Alcoholism is another factor that contributes to unplanned pregnancies and created problems for clients that were using natural contraceptive methods. Drunken partners/husbands were less likely to adhere to constraints on their partners' fertile days, and women were more often violated by their drunken partners or husbands. This led the Advance Africa team to create and support several groups for alcoholics who worked on peer education about the problems of alcoholism. While these groups are active they need further development to be more effective.

5. SUPERVISION, AND MONITORING AND EVALUATION

Supervision

15 health technicians from MINSA were trained as supervisors for the overall Advance Africa RH/FP program. They accompanied by the provincial official in charge of SRH/FP and Advance Africa supervisors. Ultimately they developed alternate week supervisions in all HCs in order to correct gaps and weaknesses and to encourage technicians working in the different areas. The supervision visits were carried out with a focus on the FP rooms of maternal units where it was usual to find a very well organized hygienic service with privacy. Users were present everyday thanks to the effort of the mobilizers. Monthly, a form was filled to evaluate the progress of the project. Patients were also interviewed when leaving the HC in order to obtain feedback on RH/FP services. They were asked about the degree of welcome and about the changes they found with respect to the attention in FP service. Feedback from the interviews also helped staff to know what still needed to change or improve and assisted Advance Africa staff in investigating the availability and variety of methods offered.[4]

To support RH/FP services contraceptives were always available without stock break, and statistics cards to control stock were always filled in.

Monitoring and Evaluation

In order to carry out the monitoring and evaluation of the program service statistics were gathered and the Lot Quality Assurance Sampling (LQAS) method was used to gauge community knowledge. A monitoring expert from Mozambique trained Advance Africa field staff and DPS' personnel on the LQAS method. LQAS consisted of interviewing 19 men and 19 women in their houses, in each health center where Advance Africa worked in order to determine the level of penetration of the messages taught by Advance Africa to the population. With a standard table it was possible to

[4] *ANNEX 3 SHOWS THE FORM FILLED TO EVALUATE THE PROGRESS OF THE PROJECT IN EACH HEALTH CENTER DURING SUPERVISIONS*

ANNEX 4 SHOWS THE INTERVIEW QUESTIONNAIRE PREPARED FOR THE PATIENTS WHEN LEAVING THE HEALTH CENTER

know the percentages of the population reached with RH/FP messages and the points and areas where it was necessary to strengthen the educational work, sensitization, and information to the community.[5]

Program assessment via the LQAS method was accompanied with the corresponding service statistics data analysis and field visits (including door to door home visits) to evaluate the results of the program. All of these indicators served to prove that the RH/FP messages being disseminated were really reaching the population.

6. COMMUNITY INVOLVEMENT

In order to obtain the maximum involvement possible from the target populations Village Health Committees (VHC) were created or in some cases reactivated. TBAs further strengthen the VHCs and became a very important aspect of the program. Including the traditional authorities (sobas) in trainings, as previously discussed, was essential in getting VHCs to function as a viable and efficient mechanisms.

In order to fully communicate the idea of Birth Spacing for healthier happier families several courses were prepared and presented to VHCs and TBAs. The courses content was to teach them about how healthy environments can help the health of the family as well. These courses discussed the importance of constructing latrines, planting at least 5 meters (about 17 feet) away from the house, collecting and burning garbage, taking the kids to complete a vaccination plan, and improving water quality and sanitary conditions in general in order to diminish the mortality rate. Bimonthly meetings were organized to evaluate the impact of the community's work and to develop their leadership skills.[6]

7. PARTNERSHIPS

Advance Africa's achievements would not have been possible without the DPS' active Sexual and Reproductive Health component. The extension of the project's work in

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5 *ANNEX 6 SUMS UP THE RESULTS OF THE DIFFERENT LQAS AND SHOWS THE QUESTIONS USED FOR SUCH A SURVEY*

6 ANNEX 7 SHOWS A SUMMARY OF THE RESULTS OBTAINED WITH SEVERAL HEALTH COMMITTEES DURING A YEAR OF WORK

Angola allowed Advance Africa to fully integrate the woman responsible for DPS's SRH component into the program. To facilitate a complete integration into the Advance Africa activities she was moved into the Advance Africa office, and equipped with a complete data processing kit to facilitate project sustainability.

Advance Africa also coordinated with additional CAs on field activities with Health Centers and Communities. We emphasize partnerships with:

Population Services International - Sensitizing material related to STI/HIV/AIDS
UNICEF - Support material for cultural activities, as well as blankets and soap to improve health conditions
Baptist Convention of Angola - Trainer the Village Health Committees about soy bean commercialization
Management Sciences for Health - IEC material
Angola Red Cross - Support for the fulfillment of lectures in the HIV program and orientation, including the encouragement of people to perform HIV tests in mobile units
Médecines Du Monde - Support the Review Course for TBAs about RH and FP in the health posts around Bailundo
World Health Organization - Support material for social activities, as well mosquito nets to improve health conditions

Collaboration was primarily initiated to address the various needs of the province to adjust to local realities and demands, within a changing context due to the effective reintegration of IDPs and ex-UNITA members

IV. RESULTS

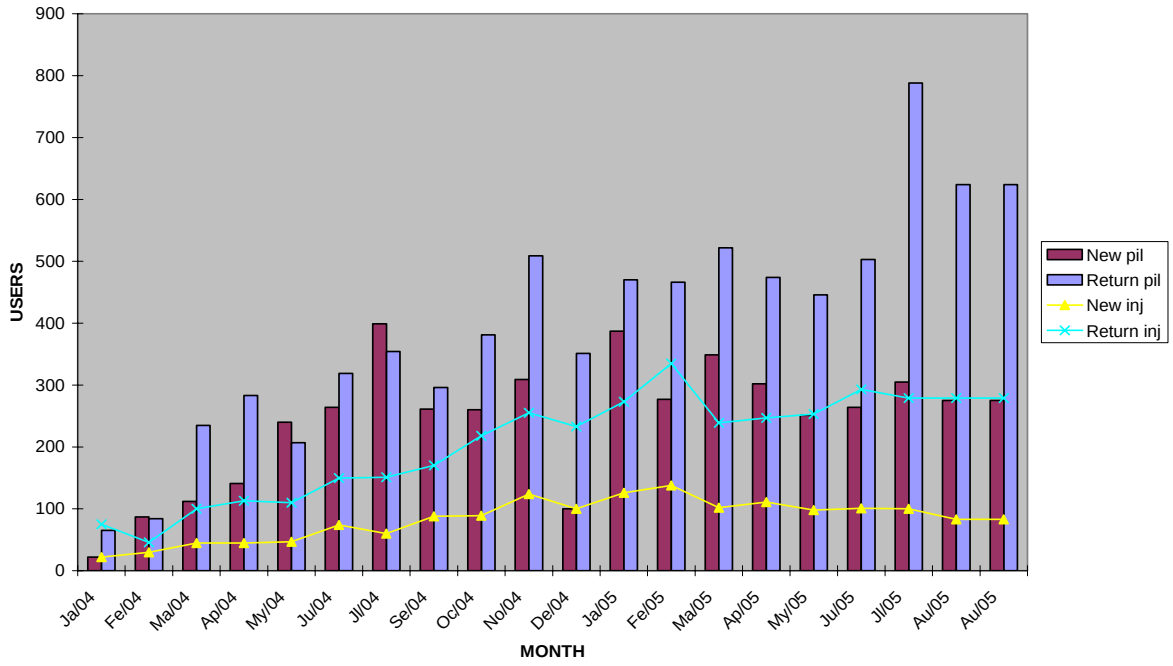
One of the main achievements working in Huambo was in convincing people that FP does not mean infertility but that FP is a way of having children according to the possibilities of each couple. Birth spacing is way of avoiding or diminishing the risk of mother's or children's deaths when they do not have the suitable conditions to grow in. It was not an easy task, but Advance Africa was able to spread this message to many key areas in the community. Hard to reach areas in the pollution that were convinced of birth spacing a health initiative included the church that had previously preached against FP, and now supports birth spacing and invited Advance Africa activists to speak at church services. Other important target groups were the Angolan Army and Police. These men were encouraged to reflect about the idea that a true man was not

that that simply leaves kids everywhere, but one that is proud of them and is a good example for the rest of the society. Lectures were given weekly with these groups, and these men started to accompany their wives and partners to the clinics.

Statistics shows an important increase in the number of new and returning users. While new users continued to increase, returning users increased even more so. The increase in returning users was seen a success, because the program had not only succeeded in getting new users into the clinics but kept them coming back. Returning users were significant in many ways to demonstrate that the services were client friendly, that clients were receiving appropriate methods, and that their partners were continuing to support their choices.

Figure 3.

PILLS AND INJECT. NEW AND RETURN USERS, COMPARATIVES DATA 2004-2005, ADVANC`E AFRICA ANGOLA- HUAMBO

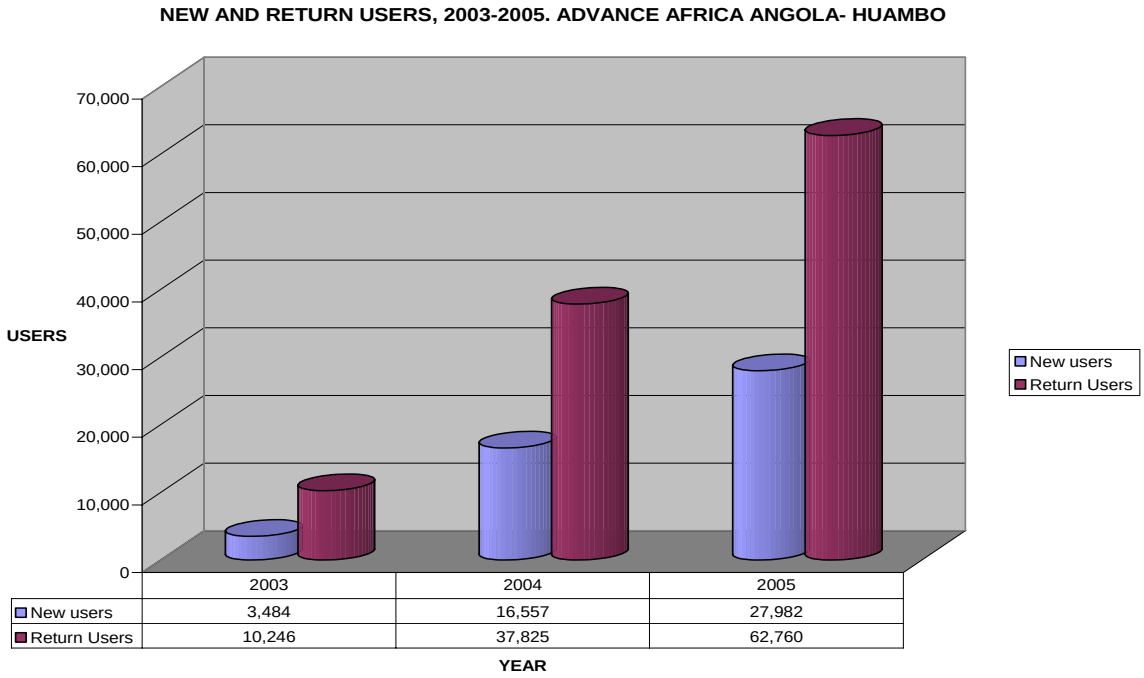


The drop in new and returning users in December 2004 is because in Huambo December data only collected up to December 10. An internal policy at DPS is that data from the rest of December is combined with January 2005 statistics.

Using all the community based strategies the statistics of new and return users increased in an outstanding manner, especially in a country where,people say that the richness of any man is measured by the number of children he has. In relation to

modern contraceptives and breast feeding, the total number of users during a period of 18 months was **145,124**. The following graph shows the number of new and returning users during the project.

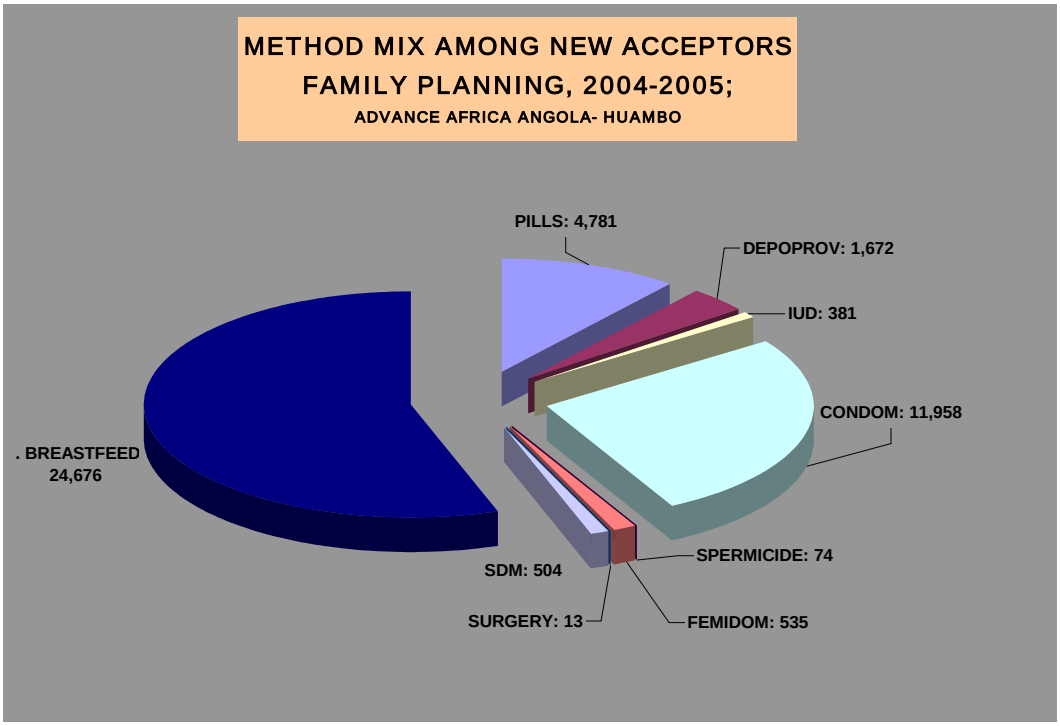
Figure 4.



Using as baseline the 2003 FP data from DPS, it is reasonable to say that Advance Africa started almost from virtual zero and obtained an increase of more than six times the base line data.

The health workers, Advance Africa activists, VHC, CHWs, and TBA were trained to counsel clients on the wide variety of methods. Health centers that previously did not have contraceptive stocks were well equipped and clients were able to find contraceptives even in remote HCs. With all methods available, permanent and continuous observations were made in order to determine which methods were most accepted by users in a given area.

Figure 5.

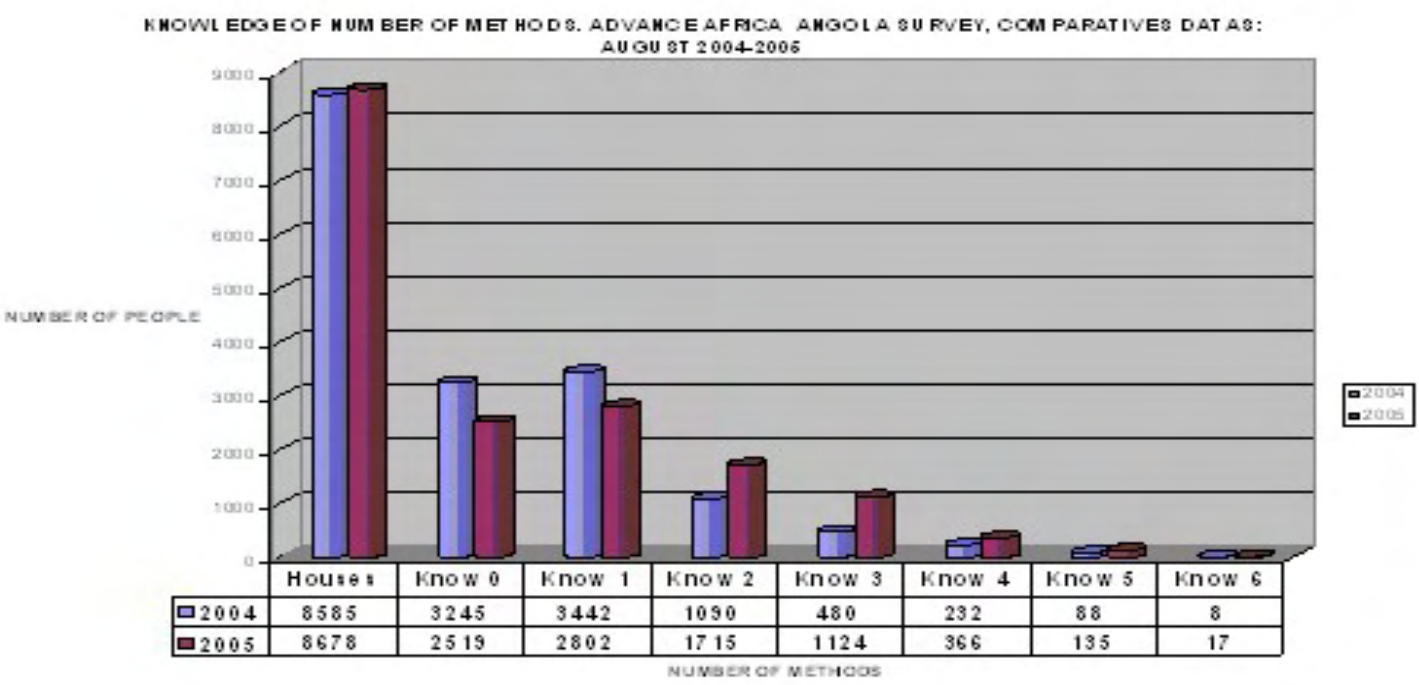


As a first step to practicing FP, exclusive breastfeeding was promoted as a "gateway" method. It was easy to convince women to use this method since this is a variation on local traditional practices. However, it was important to clarify breastfeeding only works when a women really practice exclusive breast feeding and when woman has not had her normal menstruation. This method opened the door for using modern methods, and later these women often times accepted a modern contraceptive method after adequate sensitization. After exclusive breastfeeding, the most used and accepted method was the condom, followed by pills and injectables. The Standard Days Method (SDM) was introduced on a trial basis with specific groups, and it rapidly became asked for by others. However, as it was introduced on a trial basis there were not enough beads to sustain growth in the method use. After all of the beads were distributed people have continued to ask for the method and IRH Georgetown has agreed to donate more of the beads. Surgical methods for women are just being introduced and they are gradually being requested by women with many children or by those who had a cesarean section with their last birth.[7]

7

ANNEX 9. SUMS UP THE RESULTS OF THE NEW AND RETURN USERS, 2004-2005

Figure 6.



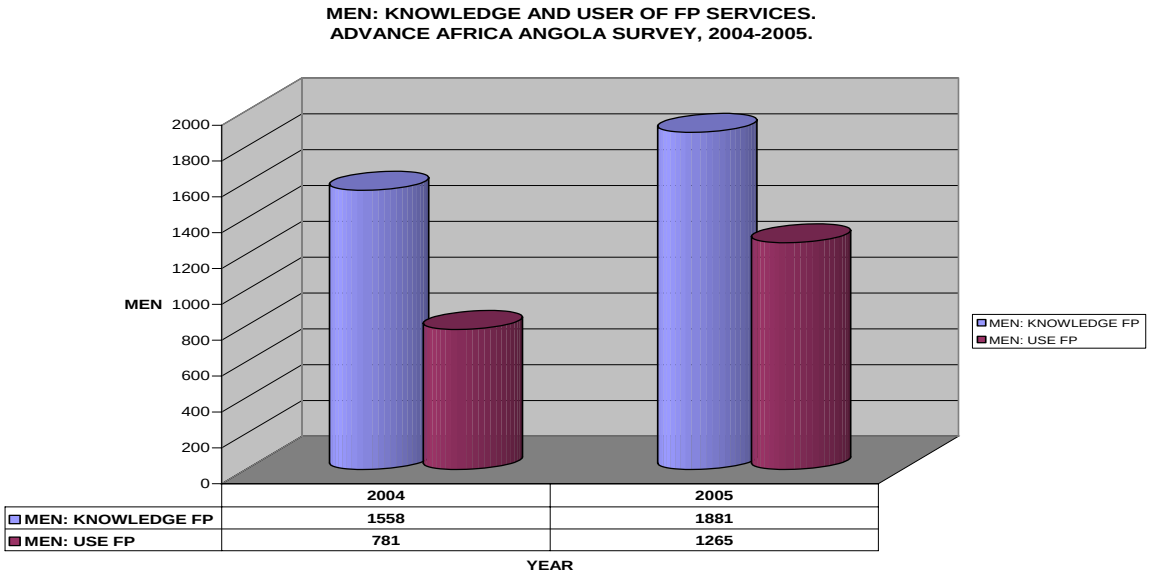
	Houses	Know 0	Know 1	Know 2	Know 3	Know 4	Know 5	Know 6
2004	8585	3245	3442	1090	480	232	88	8
2005	8678	2519	2802	1715	1124	366	135	17

During the survey carried out in August 2004 (8,585 houses) and August 2005, (8,678 homes) were visited in a radius of 2 Km (about 1.25 ml) around target HCs in order to determine if the inhabitants had heard news about FP, if they had used any FP method and, in the case that they did not practice FP, they were asked if they would like to do so. They were also asked about the methods they could identify and the number of methods they knew. The results clearly showed that the total number of people of fertile age who didn't know about any FP methods decreased significantly. The number of inhabitants who knew just about one method also decreased while the number of people who knew about more than one method increased as can be seen in Figure 6.[8]

Men were explained about the importance of being an active part in the decision making process of family planning and were encouraged to accompany their wives to prenatal consultation and, if possible, also to a child's consultation. An increase in male knowledge about FP use can be seen between this year and last demonstrated in Figure 7.

[8] *ANNEX 5 SUMS UP THE RESULTS OF THE TWO SURVEY AND SHOWS THE QUESTIONS USED FOR SUCH A SURVEY*

Figure 7.



Extraordinary results were found with respect to the degree of new acceptors as a result of Advance Africa BCC messages. A clear improvement was noted with each LQAS. The following table (Table 1) shows the questions asked to 19 men and 19 women in each HC. They tried to investigate diverse subjects such as knowledge and protection for HIV/AIDS, knowledge about birth spacing, FP methods and their availability in the HC, as well as exclusive breast feeding.[9]

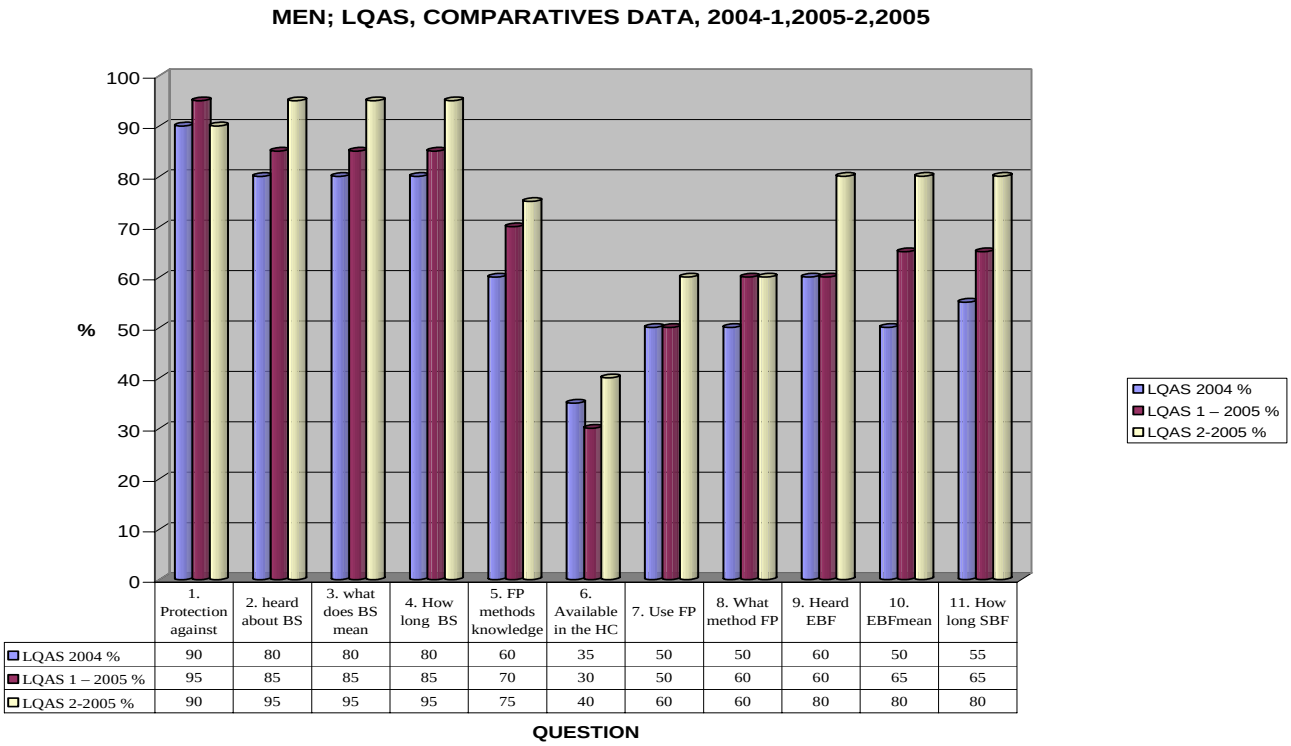
Table 1.

1. What ways of protection against HIV/AIDS do you know?
2. Have you heard about Birth Spacing?
3. If so, what does Birth Spacing mean for you?
4. How long is the suitable Birth Spacing interval?
5. What Family Planning methods do you know?
6. Which of them are available in the Health Center?
7. Do you practice Family Planning?
8. If so, what method do you use?
9. Have you heard about Exclusive Breast Feeding?
10.If so, what does Exclusive Breast Feeding mean?
11.How long should Exclusive Breast Feeding be practiced?

The data obtained through LQAS are represented in the following graphs.[10]

[9] *ANNEX 6 SUMS UP THE RESULTS OF THE DIFERENT LQAS AND SHOWS THE QUESTIONS USED FOR SUCH A SURVEY*

Figure 8.



	1. Protection against	2. heard about BS	3. what does BS mean	4. How long BS	5. FP methods knowledge	6. Available in the HC	7. Use FP	8. What method FP	9. Heard EBF	10. EBFmean	11. How long SBF
LQAS 2004 %	90	80	80	80	60	35	50	50	60	50	55
LQAS 1 – 2005 %	95	85	85	85	70	30	50	60	60	65	65
LQAS 2-2005 %	90	95	95	95	75	40	60	60	80	80	80

It is easy to observe that women increased their degree of knowledge in respect to all survey questions, but especially about FP methods and exclusive breast feeding. However, in general, female knowledge about HIV/AIDS is still deficient. Comparatively, men had a better knowledge about HIV/AIDS. They said that it was because they had heard something from their friends and or on the radio. Although the project addressed HIV/AIDS, people in Huambo still feel that AIDS is not a real problem.

Knowledge increase in reference to Birth Spacing, FP methods and Exclusive Breastfeeding showed a more significant increase in men compared to women. This is also echoed by the increase in the number of men seen in FP rooms.

Through the training of 104 health technicians, including municipal supervisors, 240 volunteers from health committees and 670 TBAs and CHWs, together with 15

[10] Prior to the first LQAS, little to no FP methods were being distributed in Huambo and overall knowledge of family planning was also very minimal. Advance Africa work in Huambo was the first project to address RH/FP after 40 years of war in the province. Advance Africa was also responsible for restoring FP contraceptive stock in the province. Even though there was never a baseline completed for the LQAS, given these factors it can be inferred that were there such a baseline the respondents' knowledge would be very minimal.

journalists, a strong FP net was created around Huambo province. This is expressed by technicians who said that women of these areas were very satisfied with FP services. Health centers have also kept newly renovated structures in good condition. FP rooms have become well-established, and there exists a good relationship between providers and users. In the interviews many users agreed that they were very satisfied and that they hoped this kind of activity would be strengthened.[11]

V. LEARNED LESSONS

- A clear vision of the project's goals and correctly planning activities to fulfill this goal guarantee the project's success. These two factors develop a feeling of confidence and credibility in the project by the communities where it works, with the providers it trains, the staff and the funders.

- Despite budget limitations staff interest and commitment in the project and to the community make it possible to obtain outstanding and unexpected results. Advance Africa's achievements have been acknowledged by the community in general, beginning with the Provincial Health Director and the different government organizations and NGOs. An example of the limited budget and the commitment of the staff can be seen through the project's single vehicle. Remarkably, although the project had only one vehicle, it was possible for the staff to visit all the municipalities at least once a week. Other NGOs working in the area had multiple vehicles to visit just one municipality and did not visit the one municipality as often. DPS was often surprised by what Advance Africa staff was able to complete with minimal means.

- Journalist and media support are important. Journalists were a constant support to Advance Africa activities, writing several articles about the activities in Huambo province and informed other via radio of several aspects of Birth Spacing.

- Social and community mobilization are a critical element in the success of the project. Using the community as an effective sensitization mechanism showed people that they were the true beneficiaries of the project. The participation of the

[11] *ANNEX 8 SHOWS A SUMMARY OF THE RESULTS OBTAINED BY ADVANCE AFRICA, DURING 18 MONTHS OF WORK*

community has been fundamental in the project's success as well as in continuing the sustainability of the project. We must take into account that most of the people who come to health centers generally do not know anything about RH/FP, and those who live in the community are usually ignorant of FP methods and adhere to their local customs. To see the change in entire communities via village health committees has been very rewarding.

- The integration of ministry personnel and those responsible for the academic training for the personnel were also key aspects of the program. From the beginning the provincial RH supervisor was integrated in the program activities and participated in active decision on making on programming.

- Making services and commodities available and increasing the access to information through mass communication messages guaranteed the increase of family planning users rapidly.

- It is extremely important to adapt all strategies to the Angolan culture. Advance Africa's remarkable field staff had a true understanding of people's habits and their way of thinking which allowed the project make better use of the available resources. Not only did community involvement allow the project to get good results but the community mobilization efforts helped communities develop a sense of ownership for the achievements of the project.

- Constant evaluation of the activities is necessary to understand possible problem areas and successes in the development of the project. To help this constant monitoring process performance monitoring and improvement exercises helped the staff to make solid decisions to better address the program's development.

- Real integration of men into the family planning process is fundamental as we aspire to a wider acceptance of the birth spacing message.

IV. RECOMMENDATIONS

Ideally the project should continue activities for at least 3 more years to maintain the foothold it has gained in RH/FP services in Huambo. It would be lamentable to stop the project in this moment when the success is clear and changes are just being made. It

has been very arduous to obtain people's confidence in a post conflict setting and we fear losing this confidence when the project ends.

Additional funding should also be directed at increasing the number of HCs with FP infrastructure. Also it is desirable to obtain a full coverage of the province, including the other 3 municipalities, and expand to other provinces that are facing the same problems as Huambo. Funding to strengthen social mobilization activities would also convey key messages, which have proven to be most successful tool in Huambo.

Continued advocacy on the positive benefits of birth spacing should be targeted to both the national and provincial level authorities. Ultimately support from these higher levels is needed to get global support from the communities.

VII. CONCLUSIONS

Advance Africa's work in Angola on repositioning family planning has been quite successful but there are fears of letting the momentum die. While the tools for sustaining the program have been put in place, including the creation of a local NGO to continue Advance Africa's work the post conflict setting has created a delicate balance of power inside the country. As an outside organization it has been easier to support whole communities and not be selective of due to internal political ties. Angola still needs international support; it has been three years since war stopped and there are still many doubts about continued peace. To strengthen the confidence of the people the international community needs to continue to support them.

SRH and FP have recently become topics of great interest in those places where maternal-child services are delivered. People of fertile age have become aware of the importance of acquiring certain knowledge about precocious pregnancies, birth spacing, infertility and STI/HIV/AIDS, and how this knowledge could change their lives. Advance Africa and USAID have helped Angola in this respect but poverty and lack of knowledge are still large looming enemies acting against development in Angola.

ANNEX

ANNEX 1

INVENTORY OF MATERIALS SUPPLIED BY ADVANCE AFRICA FOR FAMILY PLANNING ROOM IN EACH HEALTH CENTER

	ELEMENT	QUANTITY
01	Consultation table	01
02	Chairs	02
03	Benches (pending in 7 HCs)	02
04	Gloves (box X 100)	01
05	Small Generator (Tiger)	01
06	Wall Clock	01
07	Articulated lamps	01
08	Racks to place materials	01
09	Adult scale	01
10	Sterilization burner	01
11	Sphygmomanometer	01
12	Biauricular stethoscope	01
13	Pinard's stethoscope	01
14	Neck claw	01
15	Ring claw	01
16	Kocker's claw	01
17	Thermometer	01
18	Hysterometer	01
19	Handkerchief	01
20	Coats	02
21	Register book	01
2	Poster	Several
23	Pamphlet	Several
24	Mobil filing-cabinet	01
25	Stock sheets	Several
26	Trays	01
27	Metric ribbons	01
28	Kidney tray	02
29	Brooms	01
30	Soap boxes	01
31	Towels	02
32	Buckets	02
33	Bowls	02
34	10L vessel	01
35	Soap	02
36	Sterilization boxes	02
37	Waste baskets	01
38	Blue pencil-holder	02
39	Pencils	02
40	Hard cover notebooks	02
41	Report models	Several
42	Big & small cases	02
43	Straight Ally's claw	01

44	Toothless dissection claw	01
45	Scissors	01
46	Matches (box X 10)	01
47	Needles and syringes (box)	01
48	Petroleum burner	01
49	Cotton drum	01
50	Cotton roll	02
51	Gauze compresses (package)	02
52	Adhesive tape (roll)	01
53	Umbilical cord thread	01
54	Calculating machine	01
55	Bathroom towel	01
56	Cleaning clothe	01
57	Broom	01
58	Lantern	01
59	Brushes	01
60	Sodium hypochlorite	01
61	Eraser and sharpener	01
62	Plastic folders	03
63	Big and medium batteries	06
64	Speculum	01
65	Iodine bottle	01
66	Family planning Handbook	01
67	“Onde não há médico” Handbook	01
68	Handbook of Obstetric behavior and techniques	01
69	Family planning Handbook	01
70	FP placards for lectures	01
71	PNC placards	Several
72	FP placards	Several
73	Clinical history sheets	As needed
74	Platform	01
75	Table cover to place IEC material	02
76	STI serial album	01*
77	FP serial album	01**

ANNEX 2

TABLE OF FORMATION COURSES AND TRAININGS DEVELOPED DURING THE PROJECT

Number of courses	Topic	Total of Participants
3	Family planning	90
2	Information, Education and Communication	60
2	Logistic Information System	60
25	Formation for TBAs about F. P.	670
15	Formation for Health Committees	240
3	Formation for supervisors	15
2	BCC formation	60
4	Review of previous topics formation evaluation	60
1	FP, improvement of service's quality, leadership and best practices.	37
1	Formation for journalist about RHS, FP and HIV/SIDA	15
1	Formation for activists from CVA	30
1	Formation about orientation in FP and voluntary HIV tests, for health technicians.	38
1	Formation for TBAs and VHC about the use of soy bean	460
1	Trainers of trainers, carried out by DNSP and MSH in Luanda	2

ANNEX 3

QUESTIONNAIRE DEVELOPED BY ADVANCE AFRICA USING THE MINSA NEEDS ASSESSMENT FIELD TOOL FOR SURVEYS.

INVENTORY FORM FOR HEALTH CENTERS UNDER ADVANCE AFRICA'S FAMILY PLANNING PROJECT
HUAMBO PROVINCE, SEPTEMBER 2003

INTERVIEWER DATE
1. NAME OF THE UNIT 2. KIND
3. MUNICIPALITY 4. SUPPORT ONG
4. INTERVIEWED PERSON AND FUNCTION_____
5. INFRASTRUCTURE STATE G R B
6. STATE OF REHABILITATION DONE FORSEEN UNKNOWN
7. IMPROVEMENTS ARE NEEDED YES NO WHICH
8. KIND OF IMPROVEMENTS SLIGHT LARGE
9. TOTAL POPULATION_____
10. WOMEN 14-49_____ MEN_____
11. PREGNANT WOMEN_____
12. ELECTRIC ENERGY YES NO
13. GENERATOR YES NO
14. CANALIZED WATER YES NO
15. BATHROOMS YES NO
16. ADEQUATE WATER RESERVE YES NO
17. COMMUNICATION MEANS YES NO
18. WHICH ONE _____
19. BENCHES YES NOn
20. CHAIRS YES NO
21. VENTILATION YES NO
22. LIGHT YES NO
23. SPACE YES NO
24. PRIVACY YES NO
25. HYGIENIC CONDITIONS YES NO
26. CHILDREN'S ATTENTION YES NO
27. PRENATAL CARE YES NO
28. BIRTH ATTENDANCE YES NO
29. POSTPARTUM CONSULTATION YES NO
30. POSTABORTION CONSULTATION YES NO
31. FP CONSULTATION YES NO
32. STI/HIV/AIDS CONSULTATION YES NO
33. # OF PATIENTS ATTENDED DAY. INFANTILE HEALTH_____
34. # OF PATIENTS ATTENDED DAY. S-R HEALTH_____
35. # OTHER CONSULTATIONS_____
36. CONSULTATION TABLE YES NO
37. STETHOSCOPE YES NO
38. PINARD YES NO
39. SPHYGMOMANOMETER YES NO
40. THERMOMETER YES NO
41. SPECULUM YES NO
42. ADULT SCALE YES NO
43. INSTRUMENTATION TABLE YES NO
44. GYNECOLOGIC MARQUESA YES NO
45. JOINTED LAMP YES NO
46. CHAIRS YES NO

47. HANDKERCHIEFS YES NO
48. GLOVES YES NO
49. NEEDLES AND SYRINGES YES NO
50. LABORATORY YES NO
51. MICROSCOPE YES NO
52. ROTATING BENCH YES NO
53. INSERTION MATERIAL YES NO
54. DRESSING GOWNS YES NO
55. CPN REGISTER BOOK YES NO
56. MOBIL ARCHIVES YES NO
57. REQUEST SHEET YES NO
58. FP REGISTER BOOK YES NO
59. POSTERS YES NO
60. SERIAL ALBUMS YES NO
61. PAMPHELTS YES NO
62. STOVE YES NO
63. FOLDING SCREEN YES NO
64. PAPANICOLAU YES NO
65. BREAST CANCER YES NO
66. RN CONSULTATION YES NO
67. PRENATAL CONSULTATION YES NO HOW MANY
68. BIRTHS YES NO HOW MANY
69. POSTPARTUM CONTROL YES NO HOW MANY
70. TT YES NO HOW MANY
71. PREGNANCY TEST YES NO HOW MANY
72. POSTABORTION COMPLICATIONSYES NO HOW MANY
73. METHODS' DISTRIBUTION YES NO HOW MANY
74. FP ORIENTATION YES NO HOW MANY
75. STI TREATMENT YES NO HOW MANY
76. REFERENCES YES NO HOW MANY
78. STRATEGIES INSTITUTIONAL CPN SERVICES_____
79. STRATEGIES COMMUNITARY CPN SERVICES_____
80. SISTEMA DE ACOMPANHAMENTO PARA CPN YES NO
81. DOMICILIARY VISIT FOR PREGNANT WOMAN YES NO
82. WHO_____
83. PROMOTE 3 CPN YES NO
84. COMO OU PORQUE NO _____
85. USE PREGNANCY CARD REGULARLY YES NO
86. BREAST FEEDING PROGRAM YES NO
87. HOW DOES IT WORK? _____
88. NUMBER OF MOTHERS ACCEPTING EXCLUSIVE BREAST FEEDING_____
89. NUMBER OF TBAs IN THE MUNICIPALITY_____
90. HAVE BASIC TRAINING YES NO
91. # OF BIRTHS ATTENDED BY TBAs DURING THE MONTH_____
92. THERE IS A METHOD TO REGISTER THOSE TBA'S BIRTHS YES NO
94. THERE IS A REGISTER OF DEAD BIRTHS OR DEAD MOTHERS AT COMMUNITY LEVEL YES NO
95. THERE IS A FP SERVICE YES NO
96. SINCE WHEN_____
97. HOW MANY CONSULTATIONS A DAY LAST MONTH_____
98. THERE IS FP TRAINED PERSONNEL YES NO
99. THERE ARE TECHNICIANS TRAINED IN LAST 6 MONTHS YES NO
100. NAMES AND TYPE OF FORMATION_____
_____
_____

101. NUMBER OF PATIENTS AND THE METHODS DISTRIBUTED DURING LAST MONTH

DISTRIBUTED FP METHODS	# OLD	# NEW
PILLS		
DEPOPROVERA		
MALE PRESERVATIVE		
FEMALE PRESERVATIVE		
CIUD		
EXCLUSIVE BREAST FEEDING		

102. MODERN CONTRACEPTIVES SUPPLY

KIND OF MEDICATION	FREQ SUPPLY	STOCK BREAK Y/N	DATE	CAUSE	QUANTITY IN STOCK
PILLS					
INJECTABLE					
CIUD					
PRESERVATIVES					

103. HOW DOES FP SESSION IS ORGANIZED?_____
104. AVERAGE TIME WAITING FOR CONSULTATION_____
105. INTERACTION BETWEEN PERSONNEL AND PATIENT_____
106. INDIVIDUAL ORIENTATION YES NO
107. EDUCATIVE SESSION YES NO
108. FIX NEXT CONSULTATION YES NO
109. PATIENT WITH PRIVACY YES NO
110. USES FP CARD YES NO

ANNEX 4

QUESTIONNAIRE FOR HEALTH CENTER'S FEEDBACK INTERVIEW

1. Did you like FP consultation?
2. How long did you wait to be attended?
3. Have you ever attended FP consultation?
4. Did you find any difference?
5. What would you like to be changed for your next consultation?
6. Is your returned consultation fixed?
7. Is the FP consultation always functioning when you attend?
8. Have you always found available methods?
9. Have you had any trouble the used method?
10. Which one?

ANNEX 5 HOME TO HOME SURVEYS, AUGUST 2004- AUGUST 2005

SURVEY HOME TO HOME	2004	2005
NUMBER OF HOUSES	8585	8678
MALE INTERVIEW	2251	2520
FEMALE INTERVIEW	6010	6156
NUMBER OF FAMILIES LIVING THERE	10676	10383
NUMBER OF PEOPLE LIVING IN THIS HOUSE	55192	54441
WOMEN 14-45 YEAR LIVING IN THIS HOUSE	14466	13836
MEN UP 14- YEAR LIVING IN THIS HOUSE	12142	19101
HAS HEARD OUT FP - YES	5886	6543
HAS HEARD OUT FP - NO	2699	2135
PRACTICE FP - YES	2581	4230
PRACTICE FP - NO	6004	4448
IF DONT PRACTICE , WANT TO PRACTICE FP - YES	3273	3038
IF DONT PRACTICE, WANT TO PRACTICE FP - NO	2731	1410
KNOWS NATURAL METHODS	2723	2380
KNOWS CONDOM	2171	2724
KNOWS PILLS	1364	2702
KNOWS IUD	1003	1214
KNOWS INJECTABLES	867	1537
KNOWS SURGERY	139	124
KNOWS 0	3245	2519
KNOWS 1	3442	2802
KNOWS 2	1040	1715
KNOWS 3	498	1124
KNOWS 4	246	366
KNOWS 5	106	135
KNOWS 6	8	17
MEN	**2004**	**2005**
INTEVIEW	**2251**	**2520**
HAS HEARD OUT FP - YES	1558	1881
HAS HEARD OUT FP - NO	693	639
PRACTICE FP - YES	781	1265
PRACTICE FP - NO	1470	1275
IF DONT PRACTICE , WANT TO PRACTICE FP - YES	780	896
IF DONT PRACTICE, WANT TO PRACTICE FP - NO	690	369

ANNEX 6.

RESULTS OF LQAS CORRESPONDING TO 2004, 1ST AND 2ND QUARTERS 2005

LQAS 2004, 1st& 2nd Quarter 2005

MEN	*LQAS 2004* %	*LQAS 1 – 2005* %	LQAS 2-2005 %
1. What ways of protection against HIV/AIDS do you know?	**90**	**95**	**90**
2. Have you heard about Birth Spacing?	**80**	**85**	**95**
3. f so, what does Birth Spacing mean for you?	**80**	**85**	**95**
4. How long is the suitable Birth Spacing?	**80**	**85**	**95**
5. What Family Planning methods do you know?	**60**	**70**	**75**
6. Which of them are available in the Health Center?	**35**	**30**	**40**
7. Do you practice Family Planning?	**50**	**50**	**60**
8. What method do you use?	**50**	**60**	**60**
9. Have you heard about Exclusive Breast Feeding?	**60**	**60**	**80**
10. If so, what does Exclusive Breast Feeding mean?	**50**	**65**	**80**
11. How long should Breast Feeding be practiced?	**55**	**65**	**80**
WOMEN	*%*	*%*	*%*
1. What ways of protection against HIV/AIDS do you know?	**75**	**75**	**80**
2. Have you heard about Birth Spacing?	**85**	**95**	**95**
3. If so, what does Birth Spacing mean for you?	**85**	**95**	**95**
4. How long is the suitable Birth Spacing?	**85**	**90**	**90**
5. What Family Planning methods do you know?	**60**	**75**	**80**
6. Which of them are available in the Health Center?	**45**	**40**	**55**
7. Do you practice Family Planning?	**55**	**50**	**70**
8. What method do you use?	**60**	**60**	**70**
9. Have you heard about Exclusive Breast Feeding?	**70**	**80**	**80**
10. If so, what does Exclusive Breast Feeding mean?	**55**	**80**	**80**
11. How long should Breastfeeding be practiced?	**60**	**80**	**80**

ANNEX 7.

SUMMARY OF HEALTH COMMITTEE'S ACTIVITIES DURING A YEAR

DEVELOPED ACTIVITIES	S.Antonio	S. Joao	Cacilhas	Petroleo	Ekunha	Bailundo	Katchiungo	Chicala	Cahala	Longonjo	Ukuma	S.Pedro	Bemfica	Mbave
Developed Cleaning Campaigns	10	16	23	48	8	12	18	30	9	22	5	45	9	3
How many cranks controlled	8	5	14	12	4	18	6	12	8	12	5	7	4	4
How many Latrines controlled	663	276	2672	488	574	1723	1960	1064	20	1626	38	1517	600	27
How many families use mosquito net	332	345	488	237	760	483	800	459	182	1099	83	1270	100	190
How many children <5 were vaccinated	1980	10480	3262	524	535	2676	8395	2693	2165	6427	1821	3046	1755	1531
How many MIF controlled	48	6579	258	1502	2426	2902	3811	799	3620	3041	932	684	930	88
How many received A-tetanic vaccine	3450	277	478	301	1875	4778	13052	575	722	2078	504	254	347	111
How many lectures presented	28	21	12	36	24	35	24	33	9	39	16	18	14	8
How many participants	1600	592	938	1186	1116	2543	1140	5494	245	1079	652	662	237	277
How many visited homes	40	72	294	87	236	184	41	45	26	57	28	136	39	42
How many FP informed families	338	393	340	325	4287	815	1084	253	858	105	73	649	525	355

ANNEX 8

MONITORING AND EVALUATION TABLE

INDICATORS	**October 2003 – August 2005**
# Of trained supervisors to control and supervise FP activities.	15
# of male nurses trained to improve FP service delivery.	104
# of TBA trained to FP promotion.	670
# of trained activists to promote FP services (19 Village Health committees)	240
# of journalist trained to educate and promote RHS, FP and HIV/SIDA services.	15
B) Health Centers	**At present 17 HC**
% of HC with at least 2 teams trained and enabled to deliver quality RH/FP services (including demonstration of the correct use of preservatives).	**100%** have received training on FP, IEC, BCC and LIS.
% of HCs completely rehabilitated (We began working with 13 HC, now we are working with 17 HC).	100%.
% of HC attended with preservatives in stock to support RH/FP services delivery (including STI/HIV/AIDS prevention).	100%
% of HC with IEC/CMC material (posters, flipcharts, etc) about RH/FP used during the education sessions into and out of the center.	100%
% of HC equipped with medical material essential for a quality FP service delivery.	100%
% of HC visited at least once each three months to observe the delivery of quality services, and contraceptives inventory and control (from September on we have been able to visit all the HCs since UN have raised the restriction).	100%
% of home to home visits.	A total of 19,301houses were visited. And those which have been reinforced by the supervisors' home to home visits, as well as social mobilizers.
% of women practicing breast feeding for at least six months.	The data about breast feeding have been reported by the TBAs from the whole municipality and around the town in a radio of 2 Km (about 1.25 ml). Then it is not possible to give an exact number since we do not know the real data of the whole province. The data we have reported is 91,544.
% of women and men in fertile age attended by the program in target areas.	306,096
% of Health Committees which promote FP.	100%

# of preservatives distributed to the users by trained HTs in RH/FP.	1.400,000
# of Health Committees which work according to a supporting plan of promotion of FR and STI in the community.	19 Committee
# Of new users who practice any contraceptive method in target areas.	44,539
# of users who return to the HC in order to continue with FP.	100,585
# of lectures about RH/FP (advisory for the FP promotion)	1,221
# Of people who have attended the FP promotion sessions.	160,972
# Of partnerships and the results with each one.	**PSI** (Sensitizing material related to STI/HIV/AIDS) **UNICEF** (Support material for cultural activities, as well as blankets and soap to improve health conditions. **OXFAM** (Support to open wells in the hospital to improve sanitary conditions in the building). **CONCERN** (Office and theatre material). **CPB** (Training for the Health Committees about soy bean commercialization). **JIRO** (Acquisition of sensitizing material). **MSH** (Education material). **SHA and CVA** (Support for the fulfillment of lectures in the HIV program and orientation). **MDM** (Support in the Review Course for the TBAs about RH and FP in the health posts around Bailundo).
# Of fulfilled IEC activities.	1,221 in the community and 12 more related to formation and review.
# of meetings with DNSP.	Monthly.
# fulfilled supervisions	Twice a month for each HC
# of working meetings for evaluation of the project with ADVANCE AFRICA employees and the RH Provincial Supervisor.1	4 each month.
# Of hours of attendance per day in each HC.	7

ANNEX 9.

2004-2005. NEW AND RETURN FP USERS AND COMPLICATIONS.

METHODS	Jan-04	Jan-05	Feb-04	Feb-05	MAR 04	MARO 05	Apr-04	Apr-05	May-04	May-05	Jun-04	Jun-05	Jul-04	Jul-05	Aug-04	Aug-05	Sep-04	Sep-05	Oct-04	Nov-04	Dec-04	TOTAL 04	TOTAL 05	TOTAL 04+05
NEW USERS																								
PILLS	28	387	22	277	87	349	112	302	141	251	240	264	399	305	279	275	261		260	309	233	**2371**	**2410**	4781
DEPOPROVERA	22	126	30	138	45	102	45	111	47	98	74	101	60	100	89	83	88		89	124	100	**813**	**859**	1672
IUD	14	27	16	17	12	24	12	26	22	11	14	8	35	15	25	11	23		23	24	22	**242**	**139**	381
CONDOM	30	557	2	163	20	7771	50	188	48	194	87	523	389	477	259	404	329		173	208	86	**1681**	**10277**	11958
SPERMICIDES	0	20	1	7	11	18	2	0	3	0	3	2	1	0	0	0	0		0	3	3	**27**	**47**	74
FEMIDOM	0	0	0	3	0	490	0	1	0	0	0	0	0	0	1	0	4		12	12	12	**41**	**494**	535
SURGERY	0	2	1	0	0	2	1	1	0	0	3	0	0	0	2	0	0		0	1	0	**8**	**5**	13
SDM	0	4	0	0	0	0	500	0	0	0	0	0	0	0	0	0	0		6	7	7	**520**	**4**	524
BREASTFEEDING	0	2527	0	1253	567	1349	1460	2389	1489	1756	2142	1641	1314	478	1710	2413	865		692	389	242	**10870**	**13806**	24676
TOTAL	**94**	**3650**	**72**	**1858**	**742**	**10105**	**2182**	**3018**	**1750**	**2310**	**2563**	**2539**	**2198**	**1375**	**2365**	**3131**	**1570**		**1255**	**1077**	**705**	**16873**	**27986**	44859
RETURN																								0
PILLS	65	470	84	466	235	522	283	474	207	446	319	503	354	788	367	624	296		381	509	351	**3451**	**4293**	7744
DEPOPROVERA	75	273	46	335	100	239	113	247	110	253	150	293	151	279	196	279	170		218	255	233	**1817**	**2198**	4015
IUD	29	88	25	69	39	54	43	70	53	45	48	48	59	216	91	50	54		54	61	49	**605**	**640**	1245
CONDOM	11	361	18	232	25	11408	69	246	37	128	1024	2341	185	668	743	495	700		146	600	62	**3620**	**15879**	19499
SPERMICIDES	1	0	3	0	4	0	3	0	1	0	0	0	0	0	0	0	1		2	0	0	**15**	**0**	15
FEMIDOM	0	16	0	0	0	170	0	0	0	0	0	0	8	0	20	0	0		0	0	0	**28**	**186**	214
SDM	0	85	0	95	0	105	0	0	500	0	500	0	2	0	6	0	103		2	1	1	**1115**	**285**	1400
BREASTFEEDING	0	3765	0	4716	0	3984	567	4301	2095	5491	3584	5390	5726	4839	6689	6893	4069		0	4305	454	**27489**	**39379**	66868
TOTAL	**181**	**5058**	**176**	**5913**	**403**	**16482**	**1078**	**5338**	**3003**	**6363**	**5625**	**8575**	**6192**	**6790**	**8086**	**8241**	**5393**		**807**	**5731**	**1150**	**37825**	**62760**	100585
COMPLICATIONS																								0
PILLS																								0
Bleeding	**0**	**1**	**2**	**2**	0	0	0	0	0	0	1	0	0	1	0		0		1	1	2	**3**	**3**	6
DEPOPROVERA																								0
Bleeding	**1**	**8**	**0**	**5**	3	2	2	0	3	0	0	1	0	0	0		0		2	2	5	**9**	**16**	25
Amenorrhea	**0**	**0**	**1**	**0**	0	0	2	0	7	0	0	0	0	0	0		0		1	0	0	**10**	**0**	10
IUD																								0
Conflict	**0**	**4**	**0**	**0**	0	2	0	0	14	0	6	0	0	0	0		0		2	2	4	**20**	**6**	26
Bleeding	**0**	**0**	**0**	**0**	3	2	0	0	0	0	0	2	0	1	0		0		0	0	0	**3**	**4**	7
Leucorrhea	**0**	**0**	**0**	**0**	1	2	0	0	0	0	0	0	0	0	0		0		0	0	0	**1**	**2**	3
TOTAL	**1**	**13**	**3**	**7**	**7**	**8**	**4**	**0**	**24**	**0**	**11**	**3**	**0**	**2**	**0**		**0**		**6**	**5**	**11**	**48**	**31**	79